PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

Г						refer Abando	<u>.</u>	_	I	. —	C.			
I	•	CLAIMS AS FILED - PART I HERE STOP PROSERING								TITY Mind on Alvaredo				
L			"	Column 1)	Pt	alegal Special	SMALL ENTIT		CHY			計算		
U.S. NATIONAL STAGE FEES				Solution 1)	1	7030-605-6421						703 385-0	र् ट्या 321	F¥.
BASIC FEE				-				RATE		FEE		RATE		EE
┝				SMALL ENT. = \$ 150 Satisfies PCT Article 33(1)		RGE ENT. = \$ 300	BASIC FEE		12	50	OR BASIC		_	
EXAMINATION FEE			. (4) =	(4) = \$50/\$100		other situations = \$ 100 / \$ 200]-	EXAM. FEE		00		EXAM. FEE		
SEARCH FEE			, ALL of	U.S. is ISA = \$50 / \$100 SALL other countries = \$200 / \$400		other situations = \$ 250 / \$ 500	1	SEARCH FE	$\neg \neg$			SEARCH FE	<u> </u>	·
FEE FOR EXTRA SPEC. PGS.				minus 100 =		/50 =	1	X \$ 125				 		
FOTAL CHARGEABLE CLAIMS			25	25 minus 20 = .		~	1					X \$ 250	<u> </u>	
NDEPENDENT CLAIMS			3	minus 3 =		5	1	X \$ 25;	-1/-	5	OR	X \$ 50 =		
ΛU	LTIPLE DEP	ENDENT CLAIM P	! ~	1111103 3 - 1			-	X \$ 100	-		OR	X-\$ 200-=	: .	
fULTIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in								+ \$ 180 =			OR	+ \$ 360 =		
		oc in column 1 t	s less than :	zero, enter "0"	in co	lumn 2		TOTAL	50	10 0	DR	TOTAL	+	
		CLAIMS AS	AMEND	FD - DADT	11	•								
		(Column 1)	A THICK D					CRAALL	~				THAN	
	·	CLAIMS	T	(Column		(Column 3)	•	SMALL	ENTITY	<u> </u>	R -	SMALL	ENTITY	1
2		REMAINING AFTER	1	NUMBE PREVIOUS	R PRESENT		11	RATE .	ADDI- TIONAL				ADD	
	Total	AMENDMENT		PAID FO		EXITO			FEE		1	RATE	TION	
		·-	Minus	**		=	1	X \$ 25 =		OI	R T	X \$ 50 =	 	ᅱ
	Independent	<u> </u>	Minus	***		= :		X \$ 100 =		OF	$\frac{1}{2}$	X \$ 200 =		\dashv
	FIRST PRE	SENTATION OF N	AULTIPLE DE	PENDENT CLA	MM		上	+ \$ 180 =		\dashv	-		 	4
							L	OTAL ADDIT.		OF	يا	+ \$ 360 =		
								FEE		QF	₹ ''	OTAL ADDIT. FEE		
7		(Column 1)		(Column 2	2)	(Column 3)								1
ŀ	•	CLAIMS REMAINING		HIGHEST NUMBER			Γ		ADDI-	7	_			4
		AFTER AMENDMENT		PREVIOUSL	Υ.	PRESENT EXTRA		RATE	TIONAL			RATE	ADDI- TIONAL	
	otal		Minus	PAID FOR	_		-		FEE	4	L		FEE	
	dependent			***	- -		L	X \$ 25 =		OR];	X \$ 50 =	- -	1
H		L	Minus	ļ	=		1	(\$ 100 =		OR	X	\$ 200 =		7
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	\$ 180 =	·	OR		\$ 360 =		1
		•	 ,				10	TAL ADDIT.		OR		TAL ADDIT.		-
								FEE [7 ~,,		FEE		1

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Pald For" IN THIS SPACE is less than "20", enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".